



PTO/SB/17 (06-07)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	10/611,892-Conf. #3670
		Filing Date	July 3, 2003
		First Named Inventor	Howard E. Rhodes
		Examiner Name	M. C. Landau
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2815
TOTAL AMOUNT OF PAYMENT		(\$)	1,715.00
		Attorney Docket No.	M4065.0646/P646

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

36 - 93 = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

6 - 17 = x =

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):	1501 Utility issue fee	1,400.00
	1504 Publication fee for early, voluntary, or normal ...	300.00
	8001 Printed copy of patent w/o color	15.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	28,371	Telephone	(202) 420-2232
Name (Print/Type)	Thomas J. D'Amico	Date	June 22 2007		



Docket No.: M4065.0646/P646
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Howard E. Rhodes

Group Art Unit: 2815

Application No.: 10/611,892

Examiner: Matthew C. Landau

Filed: July 3, 2003

Allowed: March 23, 2007

For: ASYMMETRICAL TRANSISTOR FOR IMAGER
DEVICE

**COMMENTS ON EXAMINER'S
STATEMENT OF REASONS FOR ALLOWANCE**


Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant agrees in part with the Examiner's statement of reasons for allowance in that the prior art of record fails to disclose, teach or suggest the claimed invention. However, Applicant notes that the Examiner's statement fails to address all limitations of all of the allowed claims, including those in the dependent claims, each of which defines a unique combination of features not shown or suggested by the prior art, providing additional reasons for allowance of each claim. Furthermore, Applicant respectfully submits that the scope of the claimed invention should not be limited by the Examiner's statement, but rather the scope of the claimed invention should be based on the actual language of the allowed claims.

Dated: 6/21/07

Respectfully submitted,

By 
Thomas J. D'Amico
Registration No. 28,371
Ryan H. Flax
Registration No. 48,141
DICKSTEIN SHAPIRO LLP
1825 Eye Street, NW
Washington, DC 20006
(202) 420-2232
Attorneys for Applicant